

Case Number:	CM15-0136956		
Date Assigned:	07/27/2015	Date of Injury:	10/24/2006
Decision Date:	08/21/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old (DOB 08/23/1953) male who sustained an industrial injury on 10/24/2006 resulting in injury to the neck and low back. Treatment provided to date has included: physical therapy that was effective for neck pain; injections; medications; and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2015) showing mild left disc protrusion at L1-2 with minimal central disc extrusion, minimal disc bulging at L2-3, L3-4 and L5-S1, moderate facet arthropathy at L5-S1, minimal left lateral recess narrowing at L1-2, mild to moderate bilateral neural foraminal stenosis at L3-4, moderate right and mild to moderate left foraminal stenosis at L5-S1; MRI of the cervical spine (2015) showing mild reversal of the cervical lordosis, mild multilevel disc osteophyte complexes, multilevel uncovertebral hypertrophy, multilevel facet hypertrophy, mild lateral recess narrowing at C3-4, minimal multilevel central canal stenosis, and moderate to severe multilevel neural foraminal stenosis; x-rays of the cervical spine (2015) showing a trace of C4-5 retrolisthesis at C4-5 and reversal of normal cervical lordosis; and x-rays of the lumbar spine (2015) showing mild leftward lumbar curvature, spondylotic changes at T12-L1 and L1-2, retrolisthesis at L4-5 and trace retrolisthesis at L2-3. Comorbidities included type II diabetes, and bleeding disorder. There were no other dates of injury noted. On 05/06/2015, physician progress report noted complaints of neck pain, bilateral shoulder pain, and low back pain with radiation into the bilateral buttocks. No pain rating or description was provided on this report; however, the previous progress report showed a low back pain rating of 2-3/10. The injured worker reported that physical therapy seems to be helping. Current medications include Norco, gabapentin, Baclofen and Linzess. It was reported that the injured worker had previously tried

and failed treatment with Colace and Amitiza for opioid induced constipation in the past. The injured worker also reported that the Linzess prevents constipation. The physical exam revealed mild distress, and an antalgic gait. The previous progress report showed improved (but still restricted) range of motion (ROM) in the cervical spine, and restricted ROM in the shoulder. The provider noted diagnoses of lumbar back pain and cervical disc disorder. Plan of care includes medications (Norco, Baclofen and Linzess) and follow-up. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: Linzess 290mcg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Linzess 290mcg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rachel Hutchins Thomas, PharmD, MS and Kyle Allmond.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS The requested medication is used in the treatment of constipation Therefore, the request is medically necessary